

FILED MAR 4 1949

STANDARD CERTIFICATE OF DEATH

6064 State File No.

5859

93

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 4459 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Osceola (Rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>El Dorado Springs (rural)</u>	
c. LENGTH OF STAY (in this place) <u>6 years</u>		d. STREET ADDRESS (If rural, give location) <u>9</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		3. NAME OF DECEASED (Type or Print) <u>John O. Smith</u>	
a. (First)		b. (Middle)	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 21 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 10 1874</u>
9. AGE (in years last birthday) <u>74</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmithing</u>	11. BIRTHPLACE (State or foreign country) <u>Cedar County Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John O. Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Lucia Robertson</u>	14. NAME OF HUSBAND OR WIFE <u>Florence Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm Smith Osceola Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>hypertension</u> DUE TO (c) <u>arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>fracture of long standing</u>	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>301</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>✓</u>		22. I hereby certify that I attended the deceased from <u>1947</u> , to <u>Feb 21</u> , 1949, that I last saw the deceased alive on <u>Feb 20</u> , 1949, and that death occurred at <u>11:20m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Wm Smith M.D.</u>		23b. ADDRESS <u>Osceola Mo.</u>	
23c. DATE SIGNED <u>2-22-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Feb 23-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>El Dorado Springs</u>	
24d. LOCATION (City, town, or county) (State) <u>El Dorado Springs Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm Smith Osceola Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 22-49</u>		REGISTRAR'S SIGNATURE <u>Wm Smith</u>	

RECEIVED

District Health Officer No. 7

District File Number 2-49-17

Date Filed 3-3-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address

Quincy, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.